

SERFF Tracking Number: CCGC-127341941 State: Arkansas
 Filing Company: Connecticut General Life Insurance Company State Tracking Number: 50051
 Company Tracking Number: APPLICATIONS REVISION FILING - FRAUD WARNING
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Applications Revision Filing - Fraud Warning
 Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: Applications Revision Filing - SERFF Tr Num: CCGC-127341941 State: Arkansas

Fraud Warning

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 50051
 Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: APPLICATIONS
 REVISION FILING - FRAUD
 WARNING

State Status: Approved-Closed

Filing Type: Form

Author: Julie Levine

Date Submitted: 10/18/2011

Reviewer(s): Linda Bird

Disposition Date: 10/24/2011

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Applications Revision Filing - Fraud Warning

Project Number: Applications Revision Filing - Fraud Warning

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: This filing is to correct applications that are missing fraud warnings. It is specific to the states that require fraud warnings on their applications. Our domiciliary state of Connecticut is not one of these.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/24/2011

State Status Changed: 10/24/2011

Created By: Julie Levine

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Julie Levine

Filing Description:

Revision of applications to comply with state fraud warning regulations.

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Company and Contact

Filing Contact Information

Julie A. Levine, Sr. Regulatory Compliance julie.levine@cigna.com
Analyst
Wilde Building, A4COL 860-226-9019 [Phone]
900 Cottage Grove Road 860-226-8292 [FAX]
Hartford, CT 06152

Filing Company Information

Connecticut General Life Insurance Company CoCode: 62308 State of Domicile: Connecticut
Wilde Building, A4COL Group Code: 901 Company Type:
900 Cottage Grove Road Group Name: State ID Number:
Hartford, CT 06152 FEIN Number: 06-0303370
(800) 225-0646 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$350.00
Retaliatory? No
Fee Explanation: 7 forms @ \$50 each = \$350
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	\$350.00	10/18/2011	52934165

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/24/2011	10/24/2011

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Disposition

Disposition Date: 10/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGC-127341941 State: Arkansas

Filing Company: Connecticut General Life Insurance Company State Tracking Number: 50051

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Highlighted Copies of Forms		Yes
Form	Master Application		Yes
Form	Variable Enrollment Form		Yes
Form	Enrollment Form		Yes
Form	Consent/Enrollment Form		Yes
Form	Aviation Supplement		Yes
Form	Avocation and Sports Questionnaire		Yes
Form	Foreign Travel or Residence Supplement		Yes

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Form Schedule

Lead Form Number: B20001 AR (2011)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B20001 (2011)	AR	Application/ Master Enrollment Form	Initial		50.179	AR-B20001(2011).pdf
	B20003 (2011)	AR	Application/ Variable Enrollment Form	Initial		52.568	AR-B20003 (2011).pdf
	B20004 (2011)	AR	Application/ Enrollment Form	Initial		51.888	AR-B20004 (2011).pdf
	B10328 (2011)	AR	Application/ Consent/ Enrollment Form	Initial		50.900	AR-B10328 (2011).pdf
	Avia Supp AR (2011)	AR	Application/ Aviation Supplement Enrollment Form	Initial		61.900	AR-Aviation Supp (2011).pdf
	Avoc Supp AR (2011)	AR	Application/ Avocation and Sports Enrollment Questionnaire Form	Initial		54.800	AR-Avocation Supp (2011).pdf
	For Trav Supp AR (2011)	AR	Application/ Foreign Travel or Enrollment Residence Supplement Form	Initial		61.900	AR-Foreign Travel Supp (2011).pdf

CONNECTICUT GENERAL LIFE INSURANCE COMPANY



MASTER APPLICATION

Number:

1a. Corporation Name		b. Corporate Tax I.D. No.	
c. Address (No., Street, City, State & Zip Code)			
2. Owner: <input type="checkbox"/> Corporation is Owner of all policies <input type="checkbox"/> Insured is Owner unless otherwise designated on Insured's Application or Enrollment Form <input type="checkbox"/> Other: (Specify Name, Address & Tax I.D. Number. If Trust, include VTA form.)			
3. To whom shall premium notices and correspondence be sent? (Specify Person. Also include address if other than 1c.)			
4. Beneficiary: <input type="checkbox"/> Corporation <input type="checkbox"/> As designated on Insured's Application or Enrollment Form <input type="checkbox"/> Other: (Specify Name and Relationship to Insured)			
5. The policy being applied for is intended to replace existing individual, non-term life insurance policy(ies) or annuity(ies). <input type="checkbox"/> Yes <input type="checkbox"/> No			
6a. Plan of Insurance:		6b. Effective Date of Plan: Mo. Day Yr.	
6c. Additional Benefits (If available) <input type="checkbox"/> Substitute Life Rider <input type="checkbox"/> Other (please specify)		6d. Death Benefit Options: <input type="checkbox"/> Specified Amount <input type="checkbox"/> Other _____ <input type="checkbox"/> Specified Amount Plus Fund Value <input type="checkbox"/> Specified Amount Plus Premium	
7. ADDITIONAL INSTRUCTIONS		8. HOME OFFICE CHANGES OR CORRECTIONS	
FOR VARIABLE LIFE INSURANCE ONLY			
DOES THE APPLICANT UNDERSTAND: a) That the death benefit under a variable life insurance policy may increase or decrease depending upon the investment results of the sub-accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No b) That the policy's cash surrender value may increase or decrease on any day depending upon the investment results of the sub-accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No c) That no minimum cash surrender value is guaranteed? <input type="checkbox"/> Yes <input type="checkbox"/> No d) That the policy is a long-term commitment to meet insurance needs and financial goals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I (We) agree that this Master Application, the Insured's Enrollment Form and /or Life Insurance Application shall form a part of any Policy issued, and further agree that no insurance shall take effect unless and until the policy has been delivered to and accepted by me (us) and the initial premium has been paid during the lifetime, and prior to any change in the health, of the Proposed Insured(s). Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fine and confinement in prison.			
Dated _____ at _____ City and State		On _____ Month / Day / Year	
_____ Signature of Licensed Agent/Representative		_____ Signature of Owner/Corporate Officer/Trustee	
For Variable Sales Only – Signature of Broker/Dealer _____			

CERTIFICATION BY LICENSED REPRESENTATIVE

The Licensed Representative who witnessed the signature on the Application certifies that:

1. He/she asked all the questions on the Application and recommends this risk to Connecticut General without reservation.
2. The insurance applied for ☐ is not intended to replace existing life Insurance.
☐ is intended to replace existing life insurance.

ALL COMPENSATION (IF ANY) SHALL BE PAID TO:

Name _____	Share % _____
Name _____	Share % _____
Name _____	Share % _____
Name _____	Share % _____
Name _____	Share % _____

Date _____

Signature of Licensed Representative _____

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

VARIABLE ENROLLMENT FORM



1. INSURED/OWNER INFORMATION

Complete Owner information only if Owner is other than Insured or Employer.

INSURED

OWNER

(If Owner is a Trust, include VTA form)

Name:

Address:

SSN/Tax ID#:

DOB: ____/____/____

Sex ☐ M ☐ F

2. **ACTIVELY-AT-WORK** is defined as: (a) Performing all normal duties of the position on a full time basis for not less than 35 hours per week, and (b) not absent from work due to accident, illness or other condition for more than 3 days of the 90 days prior to becoming eligible to participate in the life insurance program applied for or for any increase thereafter. Connecticut General Life Insurance Company (the Company) reserves the right to request recertification of the above information for deaths occurring (a) within 2 years of the policy's Date of Issue, or (b) within 2 years of any subsequent increases in Face Amount. Based on any such recertification, the Company further reserves the right to contest any claim during those periods.

Has the Insured been Actively-At-Work?

☐ Yes ☐ No

IF "No", please describe the nature of any absences:

3. SMOKING STATUS

Has the Insured used **TOBACCO** in any form within the past 12 months? ☐ Yes ☐ No

If "Yes" describe frequency, quantity, and kind of tobacco used:

4. **BENEFICIARY DESIGNATION:** All primary beneficiaries who survive the Insured shall share equally unless otherwise indicated. If no primary beneficiary survives the Insured, benefits will be paid in equal shares to the contingent beneficiaries, if surviving the Insured, unless otherwise specified.

Beneficiary Designation: *(Complete only if no beneficiary has been designated on your employer's Master Application.)*

NAME

RELATIONSHIP TO INSURED

Full First Name

Middle Initial

Last

PRIMARY

Name

CONTINGENT

I understand that so long as I am employed by the employer identified in the Master Application, the Company is authorized to increase the Face Amount of the policy from time to time in accordance with my employer's instructions. Each increase shall be subject to the underwriting limitations and requirements which the Company has in effect on the date the increase is requested including, but not limited to, my being Actively-At-Work at the time of each change.

I certify that (a) the Social Security or Tax Identification Number shown above is correct, and (b) I am not subject to back-up withholding.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DOES THE APPLICANT ALSO UNDERSTAND:

- a) That the death benefit under a variable life insurance policy may increase or decrease depending upon the investment results of the sub-accounts? ☐ Yes ☐ No
- b) That the policy's cash surrender value may increase or decrease on any day depending upon the investment results? ☐ Yes ☐ No
- c) That no minimum cash surrender value is guaranteed? ☐ Yes ☐ No
- d) That the policy is a long-term commitment to meet insurance needs and financial goals? ☐ Yes ☐ No

The policy being applied for is intended to replace an existing individual, non-term Life Insurance Policy or Annuity. ☐ Yes ☐ No

SIGNATURE OF PROPOSED INSURED

WITNESS

SIGNATURE OF OWNER (If other than Insured or Employer)

DATE SIGNED

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

ENROLLMENT FORM



1. INSURED/OWNER INFORMATION

Complete Owner information only if Owner is other than Insured or Employer.

INSURED

OWNER

(If Owner is a Trust, include VTA form)

Name: _____

Address: _____

SSN/Tax ID#: _____

DOB: ____/____/____

Sex

☐ M

☐ F

2. **ACTIVELY-AT-WORK** is defined as: (a) Performing all normal duties of the position on a full time basis for not less than 35 hours per week, and (b) not absent from work due to accident, illness or other condition for more than 3 days of the 90 days prior to becoming eligible to participate in the life insurance program applied for or for any increase thereafter. Connecticut General Life Insurance Company (the Company) reserves the right to request recertification of the above information for deaths occurring (a) within 2 years of the policy's Date of Issue, or (b) within 2 years of any subsequent increases in Face Amount. Based on any such recertification, the Company further reserves the right to contest any claim during those periods.

Has the Insured been Actively-At-Work?

☐ Yes

☐ No

If "No", please describe the nature of any absences:

3. SMOKING STATUS

Has the Insured used **TOBACCO** in any form within the past 12 months? ☐ Yes ☐ No

If "Yes" describe frequency, quantity, and kind of tobacco used:

4. **BENEFICIARY DESIGNATION:** All primary beneficiaries who survive the Insured shall share equally unless otherwise indicated. If no primary beneficiary survives the Insured, benefits will be paid in equal shares to the contingent beneficiaries, if surviving the Insured, unless otherwise specified.

(Complete only if no beneficiary has been designated on your employer's Master Application.)

NAME

RELATIONSHIP TO INSURED

Full First Name

Middle Initial

Last

PRIMARY

Name

CONTINGENT

I understand that so long as I am employed by the employer identified in the Master Application, the Company is authorized to increase the Face Amount of the policy from time to time in accordance with my employer's instructions. Each increase shall be subject to the underwriting limitations and requirements which the Company has in effect on the date the increase is requested including, but not limited to, my being Actively-At-Work at the time of each change.

I certify that (a) the Social Security or Tax Identification Number shown above is correct, and (b) I am not subject to back-up withholding.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The policy being applied for is intended to replace an existing individual, non-term Life Insurance Policy or Annuity. ☐ Yes ☐ No

SIGNATURE OF PROPOSED INSURED

WITNESS

SIGNATURE OF OWNER (If other than Insured or Employer)

DATE SIGNED

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Hartford, Connecticut 06152



CORPORATE OWNED LIFE INSURANCE PROGRAM CONSENT/ENROLLMENT FORM

Name _____

Social Security No. _____ Date of Birth ____ / ____ / ____ Sex ____ M ____ F

Employer _____ Job Title _____

I am **ACTIVELY-AT-WORK**, performing all the normal duties of my position on a full time basis for not less than 35 hours per week. I have not been absent from work due to accident, illness or other condition for more than three days of the ninety days prior to the proposed effective date of the policy being applied for.

Yes ____ No ____

If "NO", please describe the nature of any absences:

I have used **TOBACCO** (cigarette, cigar, pipe, chewing tobacco, or tobacco in any other form) within the past 12 months

Yes ____ No ____

If "YES", please describe frequency, quantity, and kind of tobacco used:

I acknowledge that _____ is applying to Connecticut General Life Insurance Company for an insurance policy on my life, with the maximum face amount of \$_____, and grant my consent for this purchase. I understand that there will be no cost to me and that this insurance, though purchased to indirectly fund a benefit plan in which I participate, will not directly benefit me in any way. I designate _____ as the absolute owner and beneficiary of this policy and therefore transfer and assign any interest, benefits, rights, and title I may have in such policy to _____.

I understand that the death benefit will be paid to _____ and that no death benefit or other benefit will be payable to my beneficiaries or to my estate from the proceeds of the policy.

I understand that this coverage may continue after my employment terminates.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I have read and understand this form and (please check one):

_____ I hereby consent to the purchase of this insurance on my life.

_____ I do NOT consent to the purchase of this insurance on my life.

All of the above statements are to the best of my knowledge and belief.

Employee's Signature

Date



Part B should also be completed if you fly as a Pilot or Crewmember in Commercial or Military Aviation.

1. Proposed Insured's Name <i>(Please Print)</i>				Date of Birth	
2. Pilot Certificate Currently Held: <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Air Transport Rating <input type="checkbox"/> Other <i>(Specify)</i>			Date of Issue		3. Do you have an Instrument Flight Rating (IFR)? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. a. What class of FAA Medical Certificate currently held? I II III			b. Date of last FAA Medical Examination: <i>(Mo./Yr.)</i>		
c. Was Medical Certificate subject to any limitations or physical waivers? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give full details: _____ _____					
5. a. What type(s) of aircraft do you fly? (Include make and model)					
b. What types(s) of flying do you do? (e.g., pleasure, business, construction, crop-dusting, testing, aerobatics, ballooning, survey, photography, instructing, etc.)					
6. Do you fly only within the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If elsewhere, give details: _____ _____					
7. Total Hours Flown As Pilot or Co-Pilot	Total Solo Hours	Total Hours Flown 13-24 Months Ago	Total Hours Flown In Past 12 Months	Estimated Hours Flying In Next 12 Months	
8. Do you contemplate a change from your present flying to commercial or military flying? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side.					
9. a. Do You Maintain a Log Of Flight Time? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. What Percentage of Your Flying Time Is With a Qualified Co-Pilot? _____%	c. What Percentage of Your Time is On Single Engine Plane? _____%	d. Multi Engine? _____%		
10. Have you ever had an accident or had your certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give full details.					
11. If you do not qualify for full coverage at standard rates, do you desire: a. <input type="checkbox"/> Full aviation coverage with Extra Premium, if available? b. <input type="checkbox"/> Restricted aviation coverage without Extra Premium?					
To the best of my knowledge and belief, all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.					
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.					
City State			Month Day Year		
At			On		
WITNESS <i>(Signature)</i>			PROPOSED INSURED <i>(Signature)</i>		

Aviation Supplement (B) (also complete Part A)

Connecticut General Life Insurance Company
Hartford, CT 06152



For Pilots and Crew Members in Commercial or Military Aviation

1. Proposed Insured's Name <i>(Please Print)</i>						Date of Birth				
2. Are you a professional pilot? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state employer, duties and type of aircraft flown: <hr/> <hr/> <hr/>										
3. Military a. Branch of Service: <hr/> b. Rank and Present Duty Assignment: <hr/> c. Type of Military Aircraft Flown: <hr/>										
4. Have you ever been grounded or had your tour license revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give full details in number 6 below.										
5. Complete this Schedule <i>(If none, so state)</i>		Approximate Hours As Pilot and Co-Pilot			Approximate Hours As Crew Member			Approximate Hours As Passenger		
		13-24 Months Ago	Last 12 Months	Est. Next 12 Mos.	13-24 Months Ago	Last 12 Months	Est. Next 12 Mos.	13-24 Months Ago	Last 12 Months	Est. Next 12 Mos.
Private Aircraft										
Commercial Airlines on Schedule										
Non Schedule Charter, Air Taxi										
Company Owned Aircraft										
Student Instruction										
Crop Dusting, Testing, Inspection										
Survey, Photo, Traffic Patrol										
Construction, Fire Fighting, Rescue										
Military Aircraft										
Any other flying (explain in No. 6)										
6. Enter any additional information here: <hr/> <hr/>										
To the best of my knowledge and belief, all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.										
City _____ State _____ At _____					Month _____ Day _____ Year _____ On _____					
WITNESS <i>(Signature)</i>					PROPOSED INSURED <i>(Signature)</i>					

Avocation and Sports Questionnaire

Connecticut General Life Insurance Company
Hartford, CT 06152



(Do Not Use for Aviation)

INSTRUCTIONS:

1. Complete Section I and additional sections where appropriate.
2. Answer each question with as much detail as possible.
3. Use a SEPARATE questionnaire for EACH SPORT you participate in.

NAME OF PROPOSED INSURED		DATE OF BIRTH (Mo., Day, Yr.)		SOCIAL SECURITY NUMBER	
SECTION I – GENERAL AVOCATIONS					
Auto Racing*	Hang Gliding*	Motor Sport Racing*	Sky diving/Parachuting*		
Boat Racing*	Horse Racing	Mountain Climbing	Ultra Light Flying*		
Boxing	Martial Arts	Professional Athletics	Other		
Ballooning**	Motorcycle Racing*	Scuba Diving*			
* Also complete appropriate section		** Use Aviation Supplement			
1. In what activity do you participate?					
2. Are you affiliated with any clubs or associations? Please specify.					
3. List any special licenses, certification, professional or amateur titles you hold in connection with this activity.					
4. Are you an instructor or do you compete professionally or for money? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, give details.</i>					
5. Where do you do this avocation/sport? Please indicate all prior and planned locations, including those outside of the US.					
6. How long have you been participating in this avocation/sport?					
7. a. How many times did you do this avocation/sport in the past 12 months? _____ b. How often do you plan to participate in this avocation/sport in the next 12 months? _____ c. Do you ever participate in this activity alone? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, give details</i>					
8. If applicable, describe your highest level of achievement (i.e. height, depth, terrain or speed attained). On what level do you participate most frequently?					
FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.					
SECTION II – SCUBA DIVING (also complete Section I)					
1. Are you certified? <input type="checkbox"/> YES <input type="checkbox"/> NO Highest Level and Date:		2. Are you a member of a diving organization? <input type="checkbox"/> YES <input type="checkbox"/> NO Name:			
3. Do you perform professional, technical or commercial dives? <input type="checkbox"/> YES <input type="checkbox"/> NO		4. Have you performed decompression dives or diving at high altitudes (i.e. mountain lakes)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. Where do you dive? <input type="checkbox"/> Lakes <input type="checkbox"/> Rivers <input type="checkbox"/> Ocean <input type="checkbox"/> Deep Sea <input type="checkbox"/> Cave <input type="checkbox"/> Ice <input type="checkbox"/> Shipwrecks <input type="checkbox"/> Other					
6. Do you dive alone? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how often?		7. Do you use mixed gas (i.e. Nitrox, Trimix, Heliox)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. What is the date of your last dive?					EXPECTED NEXT 12 MONTHS
9. Frequency and depth					
	LAST 12 MONTHS		TOTAL LIFETIME		
	Number	Average Duration Per Dive	Number	Average Duration Per Dive	
Less than 65 feet					
66 to 100 feet					
101 to 150 feet					
Over 150 feet					

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

SECTION III – MOTOR SPORT RACING (also complete Section I)

1. Do you engage in organized competitive events or exhibitions such as boat or drag racing, formula, off road, stock, sprint, midget car, go cart, rough terrain, hill climb, or prototype testing and record attempts? ☐ YES ☐ NO
If YES, explain type.

2. FREQUENCY	1-2 YEARS AGO		LAST 12 MONTHS		AVERAGE LENGTH OF EACH RACE (LAPS/MILES/ TIME)	FASTEST SPEED ATTAINED	CONTEMPLATED NEXT 12 MONTHS	
	Number of Races	Total Miles	Number of Races	Total Miles			Number of Races	Total Miles
Automobile								
Motorcycle								
Other								

3. Indicate track/course description.

4. In what class do you compete? (Be specific: include make, model, engine displacement and horsepower, class designation of your vehicle.)

5. Under what sanctioning body do you normally compete? (AMA, NHRA, USAC, etc.)

6. Have you been involved in any accident causing injury or death? YES ☐ NO ☐ If YES, give details.

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

SECTION IV – SKYDIVING/PARACHUTING/HANG GLIDING/ULTRA LIGHT FLYING (also complete Section I)

1. Do you participate in any special form of this avocation? (i.e., Aerobatic/stunt, group jumps, time delay, competition, instructing, prototype or record attempts)? ☐ YES ☐ NO
If YES, give details

2. Do you belong to a national skydiving organization? ☐ YES ☐ NO Name:

3. What is the average height from which you jump/take off? Greatest height?

4. Indicate the number of jumps/take-offs:
Last 12 Months: Total Lifetime: Contemplated Next 12 Months:

5. Do you perform static line or free-fall jumping or high performance landings?
☐ YES ☐ NO If YES, give details

6. Do you pack your own parachute? ☐ YES ☐ NO

7. Do you use a reserve chute when jumping? ☐ YES ☐ NO When gliding? ☐ YES ☐ NO

8. If applicable, did you build your own hang glider? If yes, give details (i.e., Kit built, designed by yourself)
☐ YES ☐ NO

9. Specify class of license, if applicable.

10. Have you been involved in any accident causing injury or damage? ☐ YES ☐ NO If YES, give details

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

SECTION V.

ADDITIONAL REMARKS. (SPECIFY SECTION AND QUESTION NUMBERS)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

At City: State: On Month: Day: Year:

WITNESS (Signature)

PROPOSED INSURED (Signature)

Foreign Travel or Residence Supplement

Connecticut General Life Insurance Company
Hartford, CT 06152



1. Proposed Insured's Name _____
(PLEASE PRINT)

2. Date of Birth _____
(Month) (Day) (Year)

3. Occupation _____

4. Of what country are you a citizen? _____

5. What foreign countries do you plan to travel or to live in? _____

6. For what purpose is this foreign travel or residence? _____

7. Where will you be located? ☐ City ☐ Rural Area ☐ Both
Please describe: _____

8. Give dates of travel or residence:
From _____ To _____
(month/year) (month/year)

9. Do you anticipate flying on other than regularly scheduled commercial airlines?
If YES, please provide full details: _____

I agree all statements and answers to the above questions are complete and true.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at _____ on _____
City State Month Day Year

WITNESS (Signature)

PROPOSED INSURED (Signature)

SERFF Tracking Number: CCGC-127341941 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 50051
Company Tracking Number: APPLICATIONS REVISION FILING - FRAUD WARNING
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Applications Revision Filing - Fraud Warning
Project Name/Number: Applications Revision Filing - Fraud Warning/Applications Revision Filing - Fraud Warning

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR-Readability Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Applications are on the Form Schedule, as required.		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: AR-Applications Revision-Cover Ltr.pdf		

	Item Status:	Status Date:
Satisfied - Item: Highlighted Copies of Forms Comments: Attachments: AR-B20001(2011)-Highlighted.pdf AR-B20003 (2011)-Highlighted.pdf AR-B20004 (2011)-Highlighted.pdf AR-B10328 (2011)-Highlighted.pdf AR-Aviation Supp (2011)-Highlighted.pdf AR-Avocation Supp (2011)-Highlighted.pdf AR-Foreign Travel Supp (2011)-Highlighted.pdf		

STATE OF ARKANSAS

CERTIFICATION


Re: B20001 AR (2011)
B20003 AR (2011)
B20004 AR (2011)
B10328 AR (2011)
Life App (03/03) AR
Avia Supp AR (2011)
Avoc Supp AR (2011)
For Trav Supp AR (2011)

This is to certify that the above-captioned form(s) submitted herewith have achieved the Flesch Ease Score noted below and comply with the requirements of Ark. Stat. Ann. Sections 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Description of Form</u>	<u>Score</u>
B20001 AR (2011)	50.179
B20003 AR (2011)	52.568
B20004 AR (2011)	51.888
B10328 AR (2011)	50.9
Avia Supp AR (2011)	61.9
Avoc Supp AR (2011)	54.8
For Trav Supp AR (2011)	61.9

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Date: October 12, 2011

By: 
Jeffrey J. Krauss, Director, Corporate Insurance

Julie A. Levine, J.D.
Connecticut General Life Insurance Company
900 Cottage Grove Rd, A4COL
Bloomfield, CT 06002
Telephone 860-226-9019
Facsimile 860-226-8292



October 18, 2011

FILED VIA SERFF

The Honorable Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Attention: Linda Bird
Life & Health Division

RE: Connecticut General Life Insurance Company ("CGLIC")
NAIC #62308

Revision of Life Applications pursuant to ACA §23-66-503:
B20001 AR (2011) – Master Application
B20003 AR (2011) – Variable Enrollment Form
B20004 AR (2011) – Enrollment Form
B10328 AR (2011) – Consent/Enrollment Form
Avia Supp AR (2011) – Aviation Supplemental Application
Avoc Supp AR (2011) – Avocation and Sports Questionnaire
For Trav Supp AR (2011) – Foreign Travel or Residence Supplemental Application

Dear Ms. Bird:

Connecticut General Life Insurance Company respectfully submits for file and use the above captioned revised Life Insurance Applications. The applications have been revised with the addition of the fraud warning as required by Arkansas Code Annotated §23-66-503. The original approval dates of the applications are as follows:

B20001 – 12/1/98
B20003 – 12/1/98
B20004 – 12/1/98
B10328 Rev.12/06 – 1/16/07
Avia Supp – 10/21/02
Avoc Supp – 10/21/02
For Trav Supp – 10/21/02

These applications are for use with all of our policies approved in Arkansas, both Individual and Group (even though SERFF requires a selection of one or the other.) The only changes to the approved forms are the addition of the Fraud Warning and Cigna's new logo. Highlighted copies of the revised forms are included on the Supporting Documentation tab for your ease of review.

Thank you for your time and consideration. Please feel free to contact me by phone (860-226-9019), email (Julie.Levine@CIGNA.com), or via SERFF if you have any questions or concerns regarding this submission.

Sincerely,

A handwritten signature in cursive script that reads "Julie A. Levine".

Julie A. Levine
Sr. Compliance Analyst

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

MASTER APPLICATION

Number:



1a. Corporation Name		b. Corporate Tax I.D. No.	
c. Address (No., Street, City, State & Zip Code)			
2. Owner: <input type="checkbox"/> Corporation is Owner of all policies <input type="checkbox"/> Insured is Owner unless otherwise designated on Insured's Application or Enrollment Form <input type="checkbox"/> Other: (Specify Name, Address & Tax I.D. Number. If Trust, include VTA form.)			
3. To whom shall premium notices and correspondence be sent? (Specify Person. Also include address if other than 1c.)			
4. Beneficiary: <input type="checkbox"/> Corporation <input type="checkbox"/> As designated on Insured's Application or Enrollment Form <input type="checkbox"/> Other: (Specify Name and Relationship to Insured)			
5. The policy being applied for is intended to replace existing individual, non-term life insurance policy(ies) or annuity(ies). <input type="checkbox"/> Yes <input type="checkbox"/> No			
6a. Plan of Insurance:		6b. Effective Date of Plan: Mo. Day Yr.	
6c. Additional Benefits (If available) <input type="checkbox"/> Substitute Life Rider <input type="checkbox"/> Other (please specify)		6d. Death Benefit Options: <input type="checkbox"/> Specified Amount <input type="checkbox"/> Other _____ <input type="checkbox"/> Specified Amount Plus Fund Value <input type="checkbox"/> Specified Amount Plus Premium	
7. ADDITIONAL INSTRUCTIONS		8. HOME OFFICE CHANGES OR CORRECTIONS	

FOR VARIABLE LIFE INSURANCE ONLY

DOES THE APPLICANT UNDERSTAND:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a) That the death benefit under a variable life insurance policy may increase or decrease depending upon the investment results of the sub-accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) That the policy's cash surrender value may increase or decrease on any day depending upon the investment results of the sub-accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) That no minimum cash surrender value is guaranteed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) That the policy is a long-term commitment to meet insurance needs and financial goals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I (We) agree that this Master Application, the Insured's Enrollment Form and /or Life Insurance Application shall form a part of any Policy issued, and further agree that no insurance shall take effect unless and until the policy has been delivered to and accepted by me (us) and the initial premium has been paid during the lifetime, and prior to any change in the health, of the Proposed Insured(s).

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fine and confinement in prison.

Dated
at

On

City and State

Month / Day / Year

Signature of Licensed Agent/Representative

Signature of Owner/Corporate Officer/Trustee

For Variable Sales Only – Signature of Broker/Dealer

CERTIFICATION BY LICENSED REPRESENTATIVE

The Licensed Representative who witnessed the signature on the Application certifies that:

1. He/she asked all the questions on the Application and recommends this risk to Connecticut General without reservation.
2. The insurance applied for ☐ is not intended to replace existing life Insurance.
☐ is intended to replace existing life insurance.

ALL COMPENSATION (IF ANY) SHALL BE PAID TO:

Name _____ Share % _____

Name _____ Share % _____

Name		Share %

Name _____ Share % _____

Name _____ Share % _____

Date _____

Signature of Licensed Representative

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

VARIABLE ENROLLMENT FORM



1. INSURED/OWNER INFORMATION

Complete Owner information only if Owner is other than Insured or Employer.

INSURED

OWNER

(If Owner is a Trust, include VTA form)

Name:

Address:

SSN/Tax ID#:

DOB:

____/____/____

Sex

☐ M

☐ F

2. **ACTIVELY-AT-WORK** is defined as: (a) Performing all normal duties of the position on a full time basis for not less than 35 hours per week, and (b) not absent from work due to accident, illness or other condition for more than 3 days of the 90 days prior to becoming eligible to participate in the life insurance program applied for or for any increase thereafter. Connecticut General Life Insurance Company (the Company) reserves the right to request recertification of the above information for deaths occurring (a) within 2 years of the policy's Date of Issue, or (b) within 2 years of any subsequent increases in Face Amount. Based on any such recertification, the Company further reserves the right to contest any claim during those periods.

Has the Insured been Actively-At-Work?

☐ Yes

☐ No

IF "No", please describe the nature of any absences:

3. SMOKING STATUS

Has the Insured used **TOBACCO** in any form within the past 12 months? ☐ Yes ☐ No

If "Yes" describe frequency, quantity, and kind of tobacco used:

4. **BENEFICIARY DESIGNATION:** All primary beneficiaries who survive the Insured shall share equally unless otherwise indicated. If no primary beneficiary survives the Insured, benefits will be paid in equal shares to the contingent beneficiaries, if surviving the Insured, unless otherwise specified.

Beneficiary Designation: *(Complete only if no beneficiary has been designated on your employer's Master Application.)*

NAME

RELATIONSHIP TO INSURED

Full First Name

Middle Initial

Last

PRIMARY

Name

CONTINGENT

I understand that so long as I am employed by the employer identified in the Master Application, the Company is authorized to increase the Face Amount of the policy from time to time in accordance with my employer's instructions. Each increase shall be subject to the underwriting limitations and requirements which the Company has in effect on the date the increase is requested including, but not limited to, my being Actively-At-Work at the time of each change.

I certify that (a) the Social Security or Tax Identification Number shown above is correct, and (b) I am not subject to back-up withholding.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DOES THE APPLICANT ALSO UNDERSTAND:

a) That the death benefit under a variable life insurance policy may increase or decrease depending upon the investment results of the sub-accounts?

☐ Yes

☐ No

b) That the policy's cash surrender value may increase or decrease on any day depending upon the investment results?

☐ Yes

☐ No

c) That no minimum cash surrender value is guaranteed?

☐ Yes

☐ No

d) That the policy is a long-term commitment to meet insurance needs and financial goals?

☐ Yes

☐ No

The policy being applied for is intended to replace an existing individual, non-term Life Insurance Policy or Annuity. ☐ Yes ☐ No

SIGNATURE OF PROPOSED INSURED

WITNESS

SIGNATURE OF OWNER (If other than Insured or Employer)

DATE SIGNED

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

ENROLLMENT FORM



1. INSURED/OWNER INFORMATION

Complete Owner information only if Owner is other than Insured or Employer.

INSURED

OWNER

(If Owner is a Trust, include VTA form)

Name: _____

Address: _____

SSN/Tax ID#: _____

DOB: ____/____/____

Sex ☐ M ☐ F

2. **ACTIVELY-AT-WORK** is defined as: (a) Performing all normal duties of the position on a full time basis for not less than 35 hours per week, and (b) not absent from work due to accident, illness or other condition for more than 3 days of the 90 days prior to becoming eligible to participate in the life insurance program applied for or for any increase thereafter. Connecticut General Life Insurance Company (the Company) reserves the right to request recertification of the above information for deaths occurring (a) within 2 years of the policy's Date of Issue, or (b) within 2 years of any subsequent increases in Face Amount. Based on any such recertification, the Company further reserves the right to contest any claim during those periods.

Has the Insured been Actively-At-Work?

☐ Yes

☐ No

If "No", please describe the nature of any absences:

3. SMOKING STATUS

Has the Insured used **TOBACCO** in any form within the past 12 months? ☐ Yes ☐ No

If "Yes" describe frequency, quantity, and kind of tobacco used:

4. **BENEFICIARY DESIGNATION:** All primary beneficiaries who survive the Insured shall share equally unless otherwise indicated. If no primary beneficiary survives the Insured, benefits will be paid in equal shares to the contingent beneficiaries, if surviving the Insured, unless otherwise specified.

(Complete only if no beneficiary has been designated on your employer's Master Application.)

NAME

RELATIONSHIP TO INSURED

Full First Name

Middle Initial

Last

PRIMARY

Name

CONTINGENT

I understand that so long as I am employed by the employer identified in the Master Application, the Company is authorized to increase the Face Amount of the policy from time to time in accordance with my employer's instructions. Each increase shall be subject to the underwriting limitations and requirements which the Company has in effect on the date the increase is requested including, but not limited to, my being Actively-At-Work at the time of each change.

I certify that (a) the Social Security or Tax Identification Number shown above is correct, and (b) I am not subject to back-up withholding.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The policy being applied for is intended to replace an existing individual, non-term Life Insurance Policy or Annuity. ☐ Yes ☐ No

SIGNATURE OF PROPOSED INSURED

WITNESS

SIGNATURE OF OWNER (If other than Insured or Employer)

DATE SIGNED

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Hartford, Connecticut 06152



CORPORATE OWNED LIFE INSURANCE PROGRAM CONSENT/ENROLLMENT FORM

Name _____

Social Security No. _____ Date of Birth ____ / ____ / ____ Sex ____ M ____ F

Employer _____ Job Title _____

I am **ACTIVELY-AT-WORK**, performing all the normal duties of my position on a full time basis for not less than 35 hours per week. I have not been absent from work due to accident, illness or other condition for more than three days of the ninety days prior to the proposed effective date of the policy being applied for.

Yes ____ No ____

If "NO", please describe the nature of any absences:

I have used **TOBACCO** (cigarette, cigar, pipe, chewing tobacco, or tobacco in any other form) within the past 12 months

Yes ____ No ____

If "YES", please describe frequency, quantity, and kind of tobacco used:

I acknowledge that _____ is applying to Connecticut General Life Insurance Company for an insurance policy on my life, with the maximum face amount of \$ _____, and grant my consent for this purchase. I understand that there will be no cost to me and that this insurance, though purchased to indirectly fund a benefit plan in which I participate, will not directly benefit me in any way. I designate _____ as the absolute owner and beneficiary of this policy and therefore transfer and assign any interest, benefits, rights, and title I may have in such policy to _____.

I understand that the death benefit will be paid to _____ and that no death benefit or other benefit will be payable to my beneficiaries or to my estate from the proceeds of the policy.

I understand that this coverage may continue after my employment terminates.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject fines and confinement in prison.

I have read and understand this form and (please check one):

_____ I hereby consent to the purchase of this insurance on my life.

_____ I do NOT consent to the purchase of this insurance on my life.

All of the above statements are to the best of my knowledge and belief.

Employee's Signature

Date

Aviation Supplement (A)

Connecticut General Life Insurance
Company
Hartford, CT 06152



Part B should also be completed if you fly as a Pilot
or Crewmember in Commercial or Military Aviation.

1. Proposed Insured's Name (Please Print)				Date of Birth	
2. Pilot Certificate Currently Held: <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Air Transport Rating <input type="checkbox"/> Other (Specify)			Date of Issue		3. Do you have an Instrument Flight Rating (IFR)? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. a. What class of FAA Medical Certificate currently held? I II III			b. Date of last FAA Medical Examination: (Mo./Yr.)		
c. Was Medical Certificate subject to any limitations or physical waivers? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give full details: _____					
5. a. What type(s) of aircraft do you fly? (Include make and model)					
b. What types(s) of flying do you do? (e.g., pleasure, business, construction, crop-dusting, testing, aerobatics, ballooning, survey, photography, instructing, etc.)					
6. Do you fly only within the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If elsewhere, give details: _____					
7. Total Hours Flown As Pilot or Co-Pilot		Total Solo Hours		Total Hours Flown 13-24 Months Ago	
				Total Hours Flown In Past 12 Months	
				Estimated Hours Flying In Next 12 Months	
8. Do you contemplate a change from your present flying to commercial or military flying? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side.					
9. a. Do You Maintain a Log Of Flight Time? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. What Percentage of Your Flying Time Is With a Qualified Co-Pilot? _____%		c. What Percentage of Your Time is On Single Engine Plane? _____%	
				d. Multi Engine? _____%	
10. Have you ever had an accident or had your certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give full details.					
11. If you do not qualify for full coverage at standard rates, do you desire: a. <input type="checkbox"/> Full aviation coverage with Extra Premium, if available? b. <input type="checkbox"/> Restricted aviation coverage without Extra Premium?					
To the best of my knowledge and belief, all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.					
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.					
City			State		
At			Month Day Year		
WITNESS (Signature)			On		
			PROPOSED INSURED (Signature)		

Aviation Supplement (B)
(also complete Part A)

Connecticut General Life Insurance
Company
Hartford, CT 06152



For Pilots and Crew Members in Commercial or Military Aviation

1. Proposed Insured's Name <i>(Please Print)</i>						Date of Birth				
2. Are you a professional pilot? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state employer, duties and type of aircraft flown: <hr/> <hr/> <hr/>										
3. Military a. Branch of Service: <hr/> b. Rank and Present Duty Assignment: <hr/> c. Type of Military Aircraft Flown: <hr/>										
4. Have you ever been grounded or had your tour license revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give full details in number 6 below.										
5. Complete this Schedule <i>(If none, so state)</i>		Approximate Hours As Pilot and Co-Pilot			Approximate Hours As Crew Member			Approximate Hours As Passenger		
		13-24 Months Ago	Last 12 Months	Est. Next 12 Mos.	13-24 Months Ago	Last 12 Months	Est. Next 12 Mos.	13-24 Months Ago	Last 12 Months	Est. Next 12 Mos.
Private Aircraft										
Commercial Airlines on Schedule										
Non Schedule Charter, Air Taxi										
Company Owned Aircraft										
Student Instruction										
Crop Dusting, Testing, Inspection										
Survey, Photo, Traffic Patrol										
Construction, Fire Fighting, Rescue										
Military Aircraft										
Any other flying (explain in No. 6)										
6. Enter any additional information here: <hr/> <hr/>										
To the best of my knowledge and belief, all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.										
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.										
City _____ State _____ At _____					Month _____ Day _____ Year _____ On _____					
WITNESS <i>(Signature)</i>					PROPOSED INSURED <i>(Signature)</i>					

Avocation and Sports Questionnaire

Connecticut General Life Insurance Company
Hartford, CT 06152



(Do Not Use for Aviation)

INSTRUCTIONS:

1. Complete Section I and additional sections where appropriate.
2. Answer each question with as much detail as possible.
3. Use a SEPARATE questionnaire for EACH SPORT you participate in.

NAME OF PROPOSED INSURED	DATE OF BIRTH (Mo., Day, Yr.)	SOCIAL SECURITY NUMBER		
SECTION I – GENERAL AVOCATIONS				
Auto Racing*	Hang Gliding*	Motor Sport Racing*	Sky diving/Parachuting*	
Boat Racing*	Horse Racing	Mountain Climbing	Ultra Light Flying*	
Boxing	Martial Arts	Professional Athletics	Other	
Ballooning**	Motorcycle Racing*	Scuba Diving*		
* Also complete appropriate section		** Use Aviation Supplement		
1. In what activity do you participate?				
2. Are you affiliated with any clubs or associations? Please specify.				
3. List any special licenses, certification, professional or amateur titles you hold in connection with this activity.				
4. Are you an instructor or do you compete professionally or for money? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, give details.</i>				
5. Where do you do this avocation/sport? Please indicate all prior and planned locations, including those outside of the US.				
6. How long have you been participating in this avocation/sport?				
7. a. How many times did you do this avocation/sport in the past 12 months? _____ b. How often do you plan to participate in this avocation/sport in the next 12 months? _____ c. Do you ever participate in this activity alone? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, give details</i>				
8. If applicable, describe your highest level of achievement (i.e. height, depth, terrain or speed attained). On what level do you participate most frequently?				
FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.				
SECTION II – SCUBA DIVING (also complete Section I)				
1. Are you certified? <input type="checkbox"/> YES <input type="checkbox"/> NO Highest Level and Date:		2. Are you a member of a diving organization? <input type="checkbox"/> YES <input type="checkbox"/> NO Name:		
3. Do you perform professional, technical or commercial dives? <input type="checkbox"/> YES <input type="checkbox"/> NO		4. Have you performed decompression dives or diving at high altitudes (i.e. mountain lakes)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Where do you dive? <input type="checkbox"/> Lakes <input type="checkbox"/> Rivers <input type="checkbox"/> Ocean <input type="checkbox"/> Deep Sea <input type="checkbox"/> Cave <input type="checkbox"/> Ice <input type="checkbox"/> Shipwrecks <input type="checkbox"/> Other				
6. Do you dive alone? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how often?		7. Do you use mixed gas (i.e. Nitrox, Trimix, Heliox)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. What is the date of your last dive?			EXPECTED NEXT 12 MONTHS	
9. Frequency and depth				
	LAST 12 MONTHS	TOTAL LIFETIME		
	Number Average Duration Per Dive	Number Average Duration Per Dive		
Less than 65 feet				
66 to 100 feet				
101 to 150 feet				
Over 150 feet				

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

SECTION III – MOTOR SPORT RACING (also complete Section I)

1. Do you engage in organized competitive events or exhibitions such as boat or drag racing, formula, off road, stock, sprint, midget car, go cart, rough terrain, hill climb, or prototype testing and record attempts? ☐ YES ☐ NO
If YES, explain type.

2. FREQUENCY	1-2 YEARS AGO		LAST 12 MONTHS		AVERAGE LENGTH OF EACH RACE (LAPS/MILES/TIME)	FASTEST SPEED ATTAINED	CONTEMPLATED NEXT 12 MONTHS	
	Number of Races	Total Miles	Number of Races	Total Miles			Number of Races	Total Miles
Automobile								
Motorcycle								
Other								

3. Indicate track/course description.

4. In what class do you compete? (Be specific: include make, model, engine displacement and horsepower, class designation of your vehicle.)

5. Under what sanctioning body do you normally compete? (AMA, NHRA, USAC, etc.)

6. Have you been involved in any accident causing injury or death? YES ☐ NO ☐ If YES, give details.

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

SECTION IV – SKYDIVING/PARACHUTING/HANG GLIDING/ULTRA LIGHT FLYING (also complete Section I)

1. Do you participate in any special form of this avocation? (i.e., Aerobatic/stunt, group jumps, time delay, competition, instructing, prototype or record attempts)? ☐ YES ☐ NO
If YES, give details

2. Do you belong to a national skydiving organization? ☐ YES ☐ NO Name:

3. What is the average height from which you jump/take off? Greatest height?

4. Indicate the number of jumps/take-offs:
Last 12 Months: Total Lifetime: Contemplated Next 12 Months:

5. Do you perform static line or free-fall jumping or high performance landings?
☐ YES ☐ NO If YES, give details

6. Do you pack your own parachute? ☐ YES ☐ NO

7. Do you use a reserve chute when jumping? ☐ YES ☐ NO When gliding? ☐ YES ☐ NO

8. If applicable, did you build your own hang glider? If yes, give details (i.e., Kit built, designed by yourself)
☐ YES ☐ NO

9. Specify class of license, if applicable.

10. Have you been involved in any accident causing injury or damage? ☐ YES ☐ NO If YES, give details

FOR ADDITIONAL REMARKS CLARIFYING ANSWERS TO ABOVE QUESTIONS USE SECTION V.

SECTION V.

ADDITIONAL REMARKS. (SPECIFY SECTION AND QUESTION NUMBERS)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

At City: State: On Month: Day: Year:

WITNESS (Signature)

PROPOSED INSURED (Signature)

Foreign Travel or Residence Supplement

Connecticut General Life
Insurance Company
Hartford, CT 06152



1. Proposed Insured's Name _____
(PLEASE PRINT)
2. Date of Birth _____
(Month) (Day) (Year)
3. Occupation _____
4. Of what country are you a citizen? _____
5. What foreign countries do you plan to travel or to live in? _____

6. For what purpose is this foreign travel or residence? _____

7. Where will you be located? ☐ City ☐ Rural Area ☐ Both
Please describe: _____

8. Give dates of travel or residence:
From _____ To _____
(month/year) (month/year)
9. Do you anticipate flying on other than regularly scheduled commercial airlines?
If YES, please provide full details: _____

I agree all statements and answers to the above questions are complete and true.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at _____ on _____
City State Month Day Year

WITNESS (Signature) _____

PROPOSED INSURED (Signature) _____